

APPLICATION FOR

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

<div>1. TYPE OF SUBMISSION:</div> <div><div>Application</div><div><input type="checkbox"/> Construction</div><div><input type="checkbox"/> Non-Construction</div></div>		<div>Preapplication</div> <div><input type="checkbox"/> Construction</div> <div><input type="checkbox"/> Non-Construction</div>	<div>3. DATE RECEIVED BY STATE</div>		<div>State Application Identifier</div>	
			<div>4. DATE RECEIVED BY FEDERAL AGENCY</div>		<div>Federal Identifier</div>	
<div>5. APPLICANT INFORMATION</div>						
<div>Legal Name:</div>			<div>Organizational Unit:</div>			
<div>Address (give city, county, State and zip code):</div>			<div>Name and telephone number of the person to be contacted on matters involving this application (give area code):</div>			
<div>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</div> <div>GG-GGGGGGGG</div>			<div>7. TYPE OF APPLICANT: (enter appropriate letter in box)</div> <div><div>A. State</div><div>B. County</div><div>C. Municipal</div><div>D. Township</div><div>E. Interstate</div><div>F. Intermunicipal</div><div>G. Special District</div></div> <div><div>H. Independent School Dist.</div><div>I. State Controlled Institution of Higher Learning</div><div>J. Private University</div><div>K. Indian Tribe</div><div>L. Individual</div><div>M. Profit Organization</div><div>N. Other (Specify):</div></div> <div>G</div>			
<div>8. TYPE OF APPLICATION:</div> <div><input type="checkbox"/> New</div> <div><input type="checkbox"/> Continuation</div> <div><input type="checkbox"/> Revision</div> <div>If Revision, enter appropriate letter(s) in box(es): GG</div> <div><div>A. Increase Award</div><div>B. Decrease Award</div><div>C. Increase Duration</div><div>D. Decrease Duration</div><div>Other (specify):</div></div>			<div>9. NAME OF FEDERAL AGENCY:</div>			
<div>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</div> <div>GG-GGG</div> <div>TITLE:</div>			<div>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</div>			
<div>12. AREAS AFFECTED BY PROJECT (cities, counties, States, etc.):</div>						
<div>13. PROPOSED PROJECT:</div>		<div>14. CONGRESSIONAL DISTRICTS OF:</div>				
<div>Start Date</div>	<div>Ending Date</div>	<div>a. Applicant</div>			<div>b. Project</div>	
<div>15. ESTIMATED FUNDING:</div>		<div>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</div> <div><div>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE</div><div>b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372</div><div><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</div></div>				
<div>a. Federal</div>	<div>\$</div> <div>.00</div>					
<div>b. Applicant</div>	<div>\$</div> <div>.00</div>					
<div>c. State</div>	<div>\$</div> <div>.00</div>					
<div>d. Local</div>	<div>\$</div> <div>.00</div>					
<div>e. Other</div>	<div>\$</div> <div>.00</div>					
<div>f. Program Income</div>	<div>\$</div> <div>.00</div>	<div>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</div> <div><input type="checkbox"/> Yes</div> <div>If "Yes," attach an explanation.</div> <div><input type="checkbox"/> No</div>				
<div>g. TOTAL</div>	<div>\$</div> <div>.00</div>					
<div>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</div>						
<div>a. Typed Name of Authorized Representative</div>			<div>b. Title</div>		<div>c. Telephone number</div>	
<div>d. Signature of Authorized Representative</div>					<div>e. Date Signed</div>	

## INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required face sheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item: | Entry:   |  |
|-------|--|--|
| 1.    | Self-explanatory.  | 12. List only the largest political entities affected (e.g., State, counties, cities).   |
| 2.    | Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).  | 13. Self-explanatory.  |
| 3.    | State use only (if applicable)   | 14. List the applicant's Congressional District and any District(s) affected by the program or project.  |
| 4.    | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.  | 15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5.    | Legal name of applicant, name of primary organizational unit which will undertake this assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.  |  |
| 6.    | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.  | 16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.  |
| 7.    | Enter the appropriate letter in the space provided.  |  |
| 8.    | Check appropriate box and enter appropriate letter(s) in the space(s) provided.<br><br><div style="margin-left: 20px;">                     - "New" means a new assistance award.<br/>                     - "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br/>                     - "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.                 </div> | 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.  |
| 9.    | Name of Federal agency from which assistance is being requested with this application.   | 18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)  |
| 10.   | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is required.   |  |
| 11.   | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of the project.   |  |

Item:                      Entry:

## Appendix A

PART II - BUDGET INFORMATION

## SECTION A - Budget Summary by Categories

	(A)	(B)	(C)
1. Personnel			
2. Fringe Benefits (Rate %)			
3. Travel			
4. Equipment			
5. Supplies			
6. Contractual			
7. Other			
8. Total, Direct Cost (Lines 1 through 7)			
9. Indirect Cost (Rate %)			
10. Training Cost/Stipends			
11. TOTAL Funds Requested (Lines 8 through 10)			

## SECTION B - Cost Sharing/ Match Summary (if appropriate)

	(A)	(B)	(C)
1. Cash Contribution			
2. In-Kind Contribution			
3. TOTAL Cost Sharing / Match (Rate %)			

NOTE: Use Column A to record funds requested for the initial period of performance (i.e. 12 months, 18 months, etc.); Column B to record changes to Column A (i.e. requests for additional funds or line item changes; and Column C to record the totals (A plus B).

INSTRUCTIONS FOR PART II - BUDGET INFORMATION

## SECTION A - Budget Summary by Categories

1. Personnel: Show salaries to be paid for project personnel which you are

required to provide with W2 forms.

2. **Fringe Benefits:** Indicate the rate and amount of fringe benefits.
3. **Travel:** Indicate the amount requested for staff travel. Include funds to cover at least one trip to Washington, DC for project director or designee.
4. **Equipment:** Indicate the cost of non-expendable personal property that has a useful life of more than one year with a per unit cost of \$5,000 or more. Also include a detailed description of equipment to be purchased including price information.
5. **Supplies:** Include the cost of consumable supplies and materials to be used during the project period.
6. **Contractual:** Show the amount to be used for (1) procurement contracts (except those which belong on other lines such as supplies and equipment); and (2) sub-contracts/grants.
7. **Other:** Indicate all direct costs not clearly covered by lines 1 through 6 above, including consultants.
8. **Total, Direct Costs:** Add lines 1 through 7.
9. **Indirect Costs:** Indicate the rate and amount of indirect costs. Please include a copy of your negotiated Indirect Cost Agreement.
10. **Training /Stipend Cost:** (If allowable)
11. **Total Federal funds Requested:** Show total of lines 8 through 10.

#### **SECTION B - Cost Sharing/Matching Summary**

Indicate the actual rate and amount of cost sharing/matching when there is a cost sharing/matching requirement. Also include percentage of total project cost and indicate source of cost sharing/matching funds, i.e. other Federal source or other Non-Federal source.

**NOTE:**

**PLEASE INCLUDE A DETAILED COST ANALYSIS OF EACH LINE ITEM.**

**Cover Sheet**

**Applicant #:** \_\_\_\_\_  
(Leave Blank)

## **SOLICITATION FOR GRANT APPLICATION (SGA# 99-015)**

# YOUTH OPPORTUNITY INITIATIVE GRANT

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*Enter Legal Name of Applying Organization*

**Your application must specify, on this sheet, whether you are applying for an Urban, Rural or Native American grant.  
(ONLY CHECK ONE BELOW)**

\_\_\_\_\_ **Urban**

\_\_\_\_\_ **Rural**

\_\_\_\_\_ **Native American**

**PLEASE NOTE:** Areas that are not EZ/ECs are urban, if they are located in metropolitan areas as defined by the census.

## **Appendix B**

### **Application Checklist**

Please complete and submit this checklist with your application. It should be used as a quick reference of key provisions of the solicitation and whether or not these provisions have been included, complied with or addressed. This document is not intended to be comprehensive or address every aspect of the solicitation.

**Organization Applying:** \_\_\_\_\_.

**Contact Person:**\_\_\_\_\_.

**Phone Number:**\_\_\_\_\_.

**Date submitted:**\_\_\_\_\_.

1. \_\_\_\_ Standard Form 424

2. \_\_\_\_ Detailed budget and budget information sheet

3. a. \_\_\_\_ Applicant must be a Local Workforce Investment Board  
(or)

b. \_\_\_\_ Applicant is the SDA administrative entity receiving JTPA formula funds in an area not yet transitioned to a Workforce Investment Board.

c. \_\_\_\_ Applicant is a Native American WIA Section 166 Grantee or a JTPA 401 Grantee

4. \_\_\_\_ Target area:

(1) \_\_\_\_ EZ/EC or part of an EZ/EC

(2) \_\_\_\_ Governor has designated as a high poverty area in state without EZ/EC

(3) \_\_\_\_ Additional area designated by the Governor as eligible to apply in states with EZ/EC

(4) \_\_\_\_ Native American Reservation, Native Alaskan Village, or areas serving Oklahoma Indians.

5. \_\_\_\_ Letter from the Governor designating your area as eligible for award if you are not an EZ/EC.